

eHealth Commission

February 13th, 2018 | 12:00pm to 2:00pm | 303 E 17th St. Rm 11ABC

Type of Meeting Monthly Commission Meeting

Facilitator Michelle Mills, Chair

Note Taker John Foster
Timekeeper Michelle Mills

Commission Attendees Dr. Justin Wheeler, Marc Lassaux, Sarah Nelson, Chris Underwood, Morgan Honea, Jason Greer, Michelle Mills, Dr. Ann Boyer, Tania Zeigler, Wes

Williams, Jon Gottsegen

Minutes

Call to Order

• Michelle Mills called the meeting to order as Chair of the eHealth Commission

Approval of Minutes

• January minutes are approved

Review of Agenda

• Michelle Mills, Chair

Announcements

OeHI Updates

Carrie Paykoc

- Workgroup Updates
 - Updates from 3 different workgroups (Care Coordination, Consumer Engagement, Advanced HIE)
 - Not escalated questions or needs for the commission
 - No questions or concerns about any of the updates from the commission
- Office Update
 - o eHealth Commission had many individuals up for renewal
 - All applications have been received and reviewed by the new directors of Boards and Commissions and the governors office
 - Announcement will be going out soon, likely will go out on Monday who the governor's appointees are
 - Those whose terms are up in February have been directed to keep surveying until the renewal goes through or they've been dismissed
 - Sunshine Laws, Charter Bylaws, Annual Commission Training and Education
 - Materials distributed
 - OeHI will be hosting a webinar on this material, will be reaching out as dates and times become available, will likely be scheduled for March
 - Joint Technology Committee meeting
 - Occurred last Friday
 - Opportunity for office to recap what the Roadmap is and to make request for the next capital year of construction funds
 - Meeting went well, no major concerns or questions
 - During presentation, mention of Health IT roadmap and alignment that wasn't present in prior years



- Testament to leadership of commission and shows value in state strategy and enlightenment
- All committee members received a copy of the Roadmap, their job is to review capital construction budgets
- Other Updates
 - Michelle M National Institute policy meeting, updated data on financial state of rural hospitals
 - Number of rural hospitals in Colorado operating in the red doubled since last year from 11 to 22
 - Office will be trying to determine what the cause of this is
 - Will impact people's ability to continue to move forward with technology
 - Anything that can go towards helping rural communities with implementation would be good
 - Carrie P let us know from a HIT perspective what we can do for information sharing to support transparency and cost-savings
 - Morgan discussed Colorado Health IT roadmap at event in which the newly proposed rule from CMS & HHS was brought up, went well

New Business

Proposed Rule from CMS & HHS: Penalties relating to Patient Information Access and Data Blocking - Carrie Paykoc, Interim Director, Office of eHealth Innovation

- Big announcement from CMS and HHS about new proposed rule about patient access to information and data blocking
 - Structured a federal proposal that put some penalties for data blocking for providers, hospitals, health systems and health information exchanges
 - Penalty is around \$1,000,000 if there is any sort of data blocking relating to patients being able to access their data
 - Trying to disrupt intention of all federal funds for HITECH and meaningful use, was intended to be the floor and not the ceiling
 - Trying to disrupt flow of information to keep it patient-centric
 - o There's a need for a national identifier, hasn't been done before
 - Would encourage each organization to think of how this would affect things from a variety of different perspectives
 - Wes W how do we want to proceed with the proposed rule? It's 724 pages of legal jargon
 - Wondering if there is a plan to help the commission digest it instead of having everyone individually read it and digest it
 - Carrie P Office of eHealth Innovation can bring cliffnotes of key points of proposed rule to next commission meeting for review and discussion
 - Marc L SHIEC (Strategic Health information Exchange Collaborative) activity related to the new rule

Colorado's Health IT Roadmap: Harmonize and Advance Data Sharing and Health Information Exchange Across Colorado - Carrie Paykoc, Interim Director, Office of eHealth Innovation

- Intent of the document
 - At the last commission meeting and subsequent meetings, has been a discussion about who are health information exchanges (HIEs) and what qualifies them to receive Roadmap funding that has been earmarked for them
 - Historically, Colorado has a robust health information exchange organization landscape, demonstrated via various state contracts and Medicare contracts to distinguish who these HIEs are



- Commission requests that there be alignment so Office can execute on that
- Some specific criteria pulled from other states and national organizations to distinguish between community regional health information exchange organizations and companies that provide health information exchange
- Based upon that criteria, the Office of eHealth organization designates "these are organizations that meet this criteria as of January 31st"
 - Only organizations that are designated are CORHIO and QHN for Year 1 of capital construction
- Commission members anything that stood out/does the document make sense?
 - Wes W In presentations around the state's ECQM strategy, we were leveraging both CORHIO and QHN, but also CCMCN. Where does CCMCN fit into this definition?
 - Carrie P To date, within Medicaid meaningful use funding as well as the Roadmap, CCMCN has not been classified as a HIE organization
 - However, they are able to extract data from FQHCs and to use that data for clinical quality measurement
 - Should the office consider incorporating other organizations such as CCMCN into this process?
 - What are recommendations for reviewing and approving other organizations (as other groups may come in later and CORHIO and QHN may evolve)?
 - This allows more organizations to evolve into this space in the future and to be eligible for funding
 - Makes it sound like all dollars are going towards HIEs
 - Jason G CCMCN has intentionally not pursued HIE status out of respect for CORHIO and QHN, but has a natural conflict in this conversation now because they meet the necessary qualifications to be a federally recognized HIE, and they would want to pursue that qualification as it would allow them to receive funding and to pursue contracts in this way
 - Justin W Is a board member of CCMCN, has two questions:
 - Clarify designation of CCMCN having status to report CCQMs
 - The document and the explanation as for why CORHIO and QHN are designated as HIEs is due to historical contracting and documentation, but the Office of eHealth innovation has authority outside of the application process to review the merits of CCMCN to be classified as an HIE as well. Has that discussion been had or can it be had before finalization to prevent the need for a secondary process around applying for the designation in the future?
 - Carrie P organizations have technically capable of creation of longitudinal record, event notification, onboarding notification, and it aligns with SHIEC
 - Proposal being worked on by Jason and Carrie on how CCMCN meets the criteria, trying to avoid a complicated application process but making sure it's done in a fair manner so that organizations with community health information exchange that doesn't include a commission member are considered
 - Two important things:
 - Are there organizations with a similar status as CCMCN who should be considered as well?
 - How flexible of a process are you looking from the office and what do you envision that looking like?
 - Morgan H respects Jason's position, to somebody's earlier point, oftentimes there's a conversation about there being 2 HIEs, want to have a fair and open conversation, a balance needs to be found because a county was going to create their own HIE, which was going to further complicate the landscape process needs to be open and transparent, but doing so could overcomplicate;



- also important for ECQM needs to not be put in same bucket as HIE
- CCMCN is a Health Center Controlled Network (federally designated status)
 which allows them access to funding that no one else has from HRSA
- Work with ECQM is very different from work being proposed for HIE enhancement and expansion work, important to make sure that they are being kept separate
- Chris U a lot of the document boils down to state procurement rules
 - Carrie has to follow those
 - When there is contracting with QHN or CORHIO, there's no statutory definition of these entities, so for some work (e.g. ECQM work) they post on website that organizations have to meet criteria close to what's described in the document. If that's not doable they'll solesource it to CORHIO and usually subcontracting happens out to QHN)
 - Doesn't take any ability away for organizations to bid for work from the eHealth Commission and Office of eHealth Innovation
 - Very specific to HIE investment they want to make across the state
 - When there's other money not specific to HIEs, would still go out to other organizations to bid
 - In meeting at governor's office, there was focus on supporting HIEs, if there
 weren't specifics to focusing on Colorado there were concerns of out-of-state
 groups coming in and fundamentally changing entire structure of electronic
 health record exchange
 - Trying to not block out anyone, just following up on historical investments made and trying to support model we have now
- Jason G wording in the document could be interpreted differently than how it's intended
 - Would it be possible to edit the document to make it more apparent that not all funds and contracting will happen with HIEs across the entire Roadmap (pg 2, 1st sentence, 2nd paragraph)?
 - Justin important to be mindful of not creating systems that are duplicitous across the state that allow organizations such as FQHCs to make multiple investments to just participate in Roadmap activities
- Carrie P would it be good for the commission to walk through potential overlaps and give commissioner input into what is centric to an HIE or potentially others
 - Michelle M some of these rural hospitals can't afford bidirectional exchange with groups CORHIO, they need assistance to make sure their patients are getting in there
- Marc L hasn't said much due to conflict of interest (QHN) but appreciates this being brought forward
- Call for Vote with Proposed Changes
 - o Tania Z motion to approve it contingent on each of those in quorum reading the updated language and sending approvals via email, seconded by Chris U
 - No further discussions
 - Vote
 - Approve Justin W, Sarah N, Chris U, Morgan, Michelle M, Ann B, Tania Z, Wes W, Jon G
 - Abstain Morgan H, Marc L, Jason G
 - Opposed None
 - The motion passes

Public Comment

- 1) Public Comments none.
- 2) Closing Remarks none.



